

### Update Condition – Confirmation Tree Node

The following preconditions must be met:

1. Successful log into MOHSAIC WEBSURV application.
2. Search and select person
3. Expand Condition Tree and Click on Confirmation in the Tree.

Business Rules:

1. Conditions are viewable based on security – TB roles include TB DISEASE, TB INFECTION, and MOTT; CD roles include other conditions such as ANIMAL BITES, HEPATITIS, SHIGELLOSIS, etc.

default - Windows Internet Explorer provided by DHS/TTSD

http://devaapp/webmoais/default.aspx?to=Person

State of Missouri  
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Home Person Organization  
Search Instructions

Username: swadm04  
Agency: DOH-CENTRAL OFFICE

SEPTEMBER, MONDAY

- Locators
- History
- Provider Roles
- CONDITIONS
  - Add Condition
  - TB DISEASE

Refresh Tree

\* Denotes required field

**Demographics for SEPTEMBER, MONDAY (Party ID = 383136761)**

Date of Birth: 9/15/1990 Sex: MALE Race: WHITE

ADD NAME

Name Type	Last Name	First Name	Middle Name	Begin Date	End Date	Entry Date
PRIMARY	SEPTEMBER	MONDAY				09/15/2008

1

Date of Birth: 09/15/1990 (mmddyyyy) Date of Death: (mmddyyyy)

Race: \* White ☒ Asian ☐  
Black ☐ American Indian ☐  
Unknown ☐ Pacific Islander ☐

Ethnicity: UNKNOWN Sex: MALE

Country Of Origin: Date Entered USA: (mmddyyyy)

Marital Status: Vital Status:

Identifiers

Type: Identifier: Add to List Clear

Type	Identifier
1	

Education

Education (0-17): Degree: Add to List Clear

Procedure 1: Click the + to expand the Tree for the Condition.

## WEBSURV TEST

Expected System Response: The Tree will expand. The screen on the right side will remain the same.

**Demographics for SEPTEMBER, MONDAY (Party ID = 383136761)**

Date of Birth: 9/15/1990 Sex: MALE Race: WHITE

**ADD NAME**

Name Type	Last Name	First Name	Middle Name	Begin Date	End Date	Entry Date
PRIMARY	SEPTEMBER	MONDAY				09/15/2008

Date of Birth: 09/15/1990 (mmddyyyy) Date of Death: (mmddyyyy)

Race: ☒ White ☐ Asian ☐ Black ☐ American Indian ☐ Unknown ☐ Pacific Islander

Ethnicity: UNKNOWN Sex: MALE

Country Of Origin: Date Entered USA: (mmddyyyy)

Marital Status: Vital Status:

Identifiers

Type	Identifier
1	

Education Education (0-17): Degree:

Procedure 2: Click the Confirmation Node

Expected System Response: The View Confirmation Screen appears.

**Condition Confirmation for SEPTEMBER, MONDAY (Party ID = 383136761)**

Name: SEPTEMBER, MONDAY

Date of Birth: 9/15/1990

Age at Diagnosis: 17 YEARS

Person ID: 383136761

Condition Name: TB DISEASE

Condition ID: 383136766

Condition Status: LAB CONFIRMED

Jurisdiction Type: CASE

Jurisdiction: COLE

Diagnosis Date: 09/01/2008

Date of Report: 09/01/2008

Disease Case Report Entry: 09/15/2008

Disease Case Report Last Modified: 09/15/2008

Latest Resolution: ACTIVE

Latest Resolution Date: 09/15/2008

Latest Test Result Date: 09/01/2008

Latest Treatment End Date:

[Print CD1](#)

"NEW FEATURE"

Procedure 3: Click the [Print CD1](#) link or [Print Supplemental](#) link (if applicable)

C:\\_Sandboxes\BTSurvTeam\WebSurv\\_Documentation\Testing\Test Plans\3\_Conditions Plans\17\_View\_Confirmation\_TestPlan.doc

09/24/08

## WEBSURV TEST

Expected System Response: The Report will show in another window.

Department of Health and Senior Services  
Section for Communicable Disease Prevention  
DISEASE CASE REPORT

Print Date: 9/24/2008

Person ID: 383136761 Name: SEPTIMBER, MONDAY Date of Birth: 09/15/1990 Sex: MALE Race: WHITE Ethnicity: UNKNOWN

Condition Address: 8120 DEER HAVEN CT  
JEFFERSON CITY, MO 65101-8443  
COLE  
USA

Condition Information:  
Condition ID: 383136766 Age: 17 YEARS Pregnant: hospitalized  
Condition: TB DISEASE Jurisdiction: COLE hospitallized  
Status: LAB CONFIRMED Juris Type: CASE Dist of Illness  
Severity: Resolution: ACTIVE Other Associated Cases  
Complication: Diagnosis Date Notified of Diagnosis

Reporter Information:  
Report Date: 09/01/2008 Reporter: BOONE HOSPITAL CENTER COLUMBIA  
Type: HOSPITAL Address: 1600 E BROADWAY  
COLUMBIA, MO 65201-5844  
BOONE  
USA

Risk/Background Information:  
Factor: CONTACT TO CASE - Begin Date: If Travel: City, State, Country:  
If Other, Describe: MEDIUM End Date:

Tests/Diagnostic Information:  
Test Type: CULTURE Results: POSITIVE  
Result Date: 09/01/2008 Specimen Type: SPUTUM  
Specimen Date: 08/30/2008 Specimen Source: Reference Range:  
Laboratory: CAPITAL REGION MEDICAL CENTER LABORATORY  
12 STADIUM  
Submitter: BOONE HOSPITAL CENTER COLUMBIA  
1600 E BROADWAY

Procedure 4: Click the X in the top right corner to close.

Expected System Response: The Confirmation Screen is returned (if you have other windows open, another item may be below the report window).

State of Missouri  
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Home Person Organization Search

Condition Confirmation for SEPTIMBER, MONDAY (Party ID = 383136761)

Name: SEPTIMBER, MONDAY  
Date of Birth: 9/15/1990  
Age at Diagnosis: 17 YEARS  
Person ID: 383136761  
Condition Name: TB DISEASE  
Condition ID: 383136766  
Condition Status: LAB CONFIRMED  
Jurisdiction Type: CASE  
Jurisdiction: COLE  
Diagnosis Date: 09/01/2008  
Date of Report: 09/01/2008  
Disease Case Report Entry: 09/15/2008  
Disease Case Report Last Modified: 09/15/2008  
Latest Resolution: ACTIVE  
Latest Resolution Date: 09/15/2008  
Latest Test Result Date: 09/01/2008  
Latest Treatment End Date: 09/01/2008

[Print CD1](#)

Test Complete